

State of Arkansas

AMENDED CORPORATION INCOME TAX RETURN

AR1100CTX

FOR OFFICE USE ONLY

Amending Tax Year beginning _____, 19 _____ and ending _____, 19 _____ ●

Please Type or Print	NAME	FEIN
	NUMBER AND STREET	
	CITY, STATE AND ZIP CODE	TELEPHONE NO.
	ENTER NAME AND ADDRESS USED ON ORIGINAL RETURN (if same as above, write "same")	

FILL IN APPLICABLE ITEMS AND USE PART II TO EXPLAIN ANY CHANGES

PART I			
	(A) As Originally Reported or As Adjusted	(B) Net Change (Increase or Decrease - Explain in Part II)	(C) Correct Amount
INCOME (Round to whole dollars)			
1. Total Income (Line 17, AR1100CT).....			
2. Total Deductions (Line 30, AR1100CT).....			
3. Net Operating Losses (Line 32, AR1100CT).....			
4. Taxable Income (Line 1 less Lines 2 and 3).....			
5. Apportioned/Allocated Income (Sch. A C4 AR1100CT, Page 2).....			
6. Tax (Line 34, AR1100CT).....			
PAYMENTS AND CREDITS (Round to whole dollars)			
7. Estimated Tax Payments (Include Estimate Credit Carryforward and Extension Payments).....			
8. Business and Incentive Tax Credits (Line 35, AR1100CT).....			
9. Tax Paid with (or after) Original Return.....			
10. Total Payments and Credits (Add Lines 7 - 9).....			
11. Tax Due (Line 6 less Line 10). (Make check payable to "Department of Finance and Administration").....			
12. Interest on Tax Due (Refer to General Instructions on back).....			
13. Total Tax and Interest Due (Add Lines 11 and 12).....			
14. Overpayment (Line 10 less Line 6).....			
A. Amount applied to Credit Carryforward for Tax Year Ending _____, 19 _____			
B. Issue Refund in Amount of (Line 14 less Line 14a).....			
Please Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of Preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.		
	Signature of Officer	Date	Title
Paid Preparer's Use Only	Preparer's Signature	Check if Self-Employed <input type="checkbox"/>	Preparer's FEIN/SSN
	Firm's Name (or yours, if self-employed) and Address	FEIN	
		Zip Code	

PART II

Explanation of Changes to Income, Deductions, Credits, etc.
(Enter the Line reference from page 1 for which a change is reported, and give reason for each change. Attach supporting schedules).

GENERAL INSTRUCTIONS

- Purpose of Form:** Use Form AR1100CTX to correct Form AR1100CT as you originally filed it. You may file an AR1100CTX only after the corporation has filed its original return. AR1100CTX must be filed within three (3) years after the date the original return was due or three (3) years after the date the corporation filed the original return, whichever is later. A completed copy of the Federal Amended return must be attached to Form AR1100CTX.
- Requirements:** You must explain any changes to income, deductions, credits, etc. in Part II of Form AR1100CTX. To expedite processing of the AR1100CTX you must attach any and all supporting schedules or documentation to support the changes made on the Amended Return.
- Interest:** Interest at ten percent (10%) per annum will be computed on a daily rate of .00027397 from original due date, to date amended return is filed.